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EXAMINER	
ALTSCHUL, AMBER L	
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3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/682,157	KALIES, RALPH F.	
	Examiner	Art Unit	
	Amber L. Altschul	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *30 April 2007*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-20* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-20* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed on April 30, 2007. Claims 1-20 remain pending in the application. Claims 1-18 have been amended.

Claim Objections

2. The objection of claims 4, 6, 8, 11, 12-15 and 17-18, are hereby withdrawn due to the amendment filed January 18, 2007.

Claim Rejections - 35 USC § 102

3. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
> (b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

4. Claims 1-4, 7-14, 16-18 are rejected under 35 U.S.C. 102(b) as being anticipated by United States Patent Number US 6,195,612, Pack-Harris, et al., hereinafter Pack-Harris. (Reference A on the attached PTO-892).

5. (currently amended) As per claim 1, Pack-Harris teaches a method of assimilating and storing for later analysis pharmacy data relating to a prescription for medication, (See Figures 1-2, 5-6, 9-15, and 17-40), comprising the steps of:

a) obtaining ~~at least one~~ a plurality of transaction ~~record~~ records from at least one pharmacy, (column 2, lines 50-51), i.e. for generating pharmacy activity information for the medical group;

b) correlating the transaction ~~record~~ records to ~~a related~~ the prescription, (column2, lines 47-48), i.e. a pharmacy computer for generating pharmacy claim information based on pharmacy activity of a medical group;

c) extracting medication dispensing data and usage data from the transaction ~~record~~ records,(column2, lines 36-38), i.e. management system which provides a medical group with information regarding the drugs obtained, and their actual costs, based on the prescription activity of the medical group physicians; and

d) computing actual consumption data from the dispensing data and usage data, the actual consumption data comprising:

i) ~~at least one source~~ a plurality of sources for the medications dispensed, (column 2, lines 29-33), i.e. to analyze actual drug costs and utilization rates by individual physicians and by the entire medical group relative to a pharmacy benefit capitation for managing prescription drug activity, in a relatively inexpensive manner and in a manner convenient to use, and

ii) ~~the portion~~ portions of the actual consumption of the medication that [[is]] are respectively attributable to ~~the source~~ plurality of sources;(column2, lines 51-53), i.e. a medical group computer receives the pharmacy activity information from the health plan computer;

e) a data repository for storing at least one of the transaction records ~~record~~, dispensing data, usage data and actual consumption data, (column2, line 53-56), i.e. stores the pharmacy activity information. The pharmacy activity information is processed to generate utilization information to enable the medical group to monitor the pharmacy activity.

6. (currently amended) As per claim 2, Pack-Harris teaches the method of claim 1 as described above. Pack-Harris further teaches storing at least one of the transaction ~~record~~ records, dispensing data, usage data and actual consumption data in a data warehouse of the data repository, (column3, lines 21-34), i.e. the system 10 generally includes one or more pharmacy computers, such as pharmacy computers 32 and 42, which generate pharmacy claim information 36 and 46 when prescriptions are filled at their pharmacies, such as the respective pharmacies generally indicated at 30 and 40. The pharmacy claim information indicated generally at 36 and 46 includes prescribed drug information that corresponds to the prescription activity of the physicians of the medical group 20. One or more health care plan computers, such as health care plan computers 50 and 60, are responsive to the prescribed drug information, and generate medical group prescription information, such as medical group prescription information generally indicated at 52, 54, 62 and 64, for all participating medical groups.

7. (currently amended) Regarding claim 3, Pack-Harris teaches the method of claim 1 as described above. Pack-Harris further teaches communicating the transaction ~~record~~ records to a data repository for storage, (column 3, lines 34-36), i.e. a medical group computer 21 for the medical group 20 receives and stores the medical group prescription information 52 and 62 corresponding to the medical group 20.

10. (currently amended) Regarding claim 4, Pack-Harris teaches the method of claims 1 and 3 as described above. Pack-Harris further teaches wherein the transaction ~~record is~~ records are communicated via an electronic communications network, (column3, lines 39-45), i.e. the medical group prescription information 52 and 62 can be supplied directly to the medical group computer 21 by hard wire connections, by a telephone

communication network, by portable storage media, or by any other suitable arrangement for communicating information between computers.

8. (currently amended) Regarding claim 7, Pack-Harris teaches the method of claim 1 as described above. Pack-Harris further teaches the following:

a) identifying at least one market for at least one selected medication, for at least one selected source of the plurality of sources, (column 4, lines 41-44), i.e. (column 3, lines 39-44), i.e. the medical group prescription information 52 and 62 is transmitted to the medical group computer 21 for processing to generate utilization information indicative of the pharmacy activity;

b) computing actual consumption data for the selected medication, (column 4, lines 44-47), i.e. Under the control of the pharmacy benefit management software described hereinafter in greater detail, the medical group computer 21 enables the medical group 20 to monitor the pharmacy activity;

c) periodically communicating the actual consumption data to the selected source, (column 4, lines 61-67), i.e. A printing device 27 coupled to the medical group computer 21 enables the utilization information to be printed. A storage media 29 stores the pharmacy benefit management software, and cooperates with the medical group computer 21 to enable the pharmacy benefit management software to help process the medical group prescription information 52 and 62; and

d) computing an incentive to be received from the selected source, the value of which correlates to a change in market share for the selected medication in favor of the selected source, as shown by the actual consumption data, (column 4, lines 47-54), i.e. the pharmacy activity can be compared to an appropriate pharmacy benefit capitation to determine if the medical group 20 is incurring a pharmacy benefit loss or a pharmacy benefit profit, and reports can be generated as hereinafter explained in greater detail. Based upon the utilization information, the pharmacy activity can be modified to ensure the medical group 20 is incurring a pharmacy benefit profit.

9. (currently amended) Regarding claim 8, Pack-Harris teaches the method of claims 1 and 7 as described above. Pack-Harris further teaches wherein the actual consumption data is communicated to the source via an electronic communications network, (column 3, lines 39-44), i.e. The medical group prescription information 52 and 62 can be supplied directly to the medical group computer 21 by hard wire connections, by a telephone communication network, by portable storage media, or by any other suitable arrangement for communicating information between computers.

10. (currently amended) Regarding claim 9, Pack-Harris teaches a method of assimilating and using pharmacy data relating to a prescription for medication, (See Figures 1-2, 5-6, 9-15, and 17-40), comprising the steps of:

a) obtaining ~~at least one~~ a plurality of transaction ~~record~~ records from at least one pharmacy, (column 2, lines 50-51), i.e. for generating pharmacy activity information for the medical group;

b) correlating the transaction ~~record~~ records to ~~a related~~ the prescription, (column2, lines 47-48), i.e. a pharmacy computer for generating pharmacy claim information based on pharmacy activity of a medical group;

c) extracting medication dispensing data and usage data from the transaction ~~record~~ records; (column2, lines 36-38), i.e. management system which provides a medical group with information regarding the drugs obtained, and their actual costs, based on the prescription activity of the medical group physicians;

d) identifying at least one pattern in the dispensing data and usage data, (column 5, lines 3-6), i.e. the software enables the medical group prescription information 52 and 62 (FIG. 1) to be processed for identifying patterns of utilization for the medical group 20 (FIG. 1);

e) utilizing the pattern to formulate at least one logical rule for calculating medication actual consumption data, (column 5, lines 6-9), i.e. identifying problem areas for the medical group 20; and for creating treatment guidelines based on disease states to improve the management of the disease state and to set standards for pharmaceutical utilization;

f) testing the logical rule for accuracy on at least one subsequent transaction record, (column5, lines 10-12), i.e. the progress of the medical group 20 is also monitored over time, and report cards identifying patterns of utilization for individual physicians are created; and

g) using the logical rule to calculate medication actual consumption data comprising:

i) ~~at least one source~~ a plurality of sources for the medications dispensed, (column 5, lines 34-44), i.e. as shown in FIG. 3, the selection of physician reports 112 (FIG. 2) enables the utilization information to be presented in a variety of report formats, including a lipotropic report 130, an antidepressant report 131, a CCB report 132, an NSAID report 133, an H2 antagonist report 134, an ACE inhibitor report 135, an estrogen report 136, an antibiotic report 137, a top 8 class quarterly report 138, a brand vs. generic report 139, a top 25 drugs report 140, a PMPM report 141, a PMPQ report 142, a top 8 class summary 143, and an allergy report 144, and

ii) ~~the portion~~ portions of the actual consumption of the medication that [[is]] attributable to the source, (column 5, lines 46-49) i.e. the selection of the medical group reports 114 (FIG. 2) enables the utilization information to be presented in reports substantially similar to the physician reports 112 of FIG. 3.

11. (currently amended) Regarding claim 10, Pack-Harris teaches the method of claim 9 as described above. Pack-Harris further teaches the following:

a) compiling the transaction records, (claim 1), i.e. a plurality of health plan computer means, each one associated with a different one of said plurality of health plans and each one being responsive to said pharmacy claim information for processing said prescribed drug information to generate medical group prescription information corresponding to the medical group;

b) communicating the transaction records to a data repository, (claim 1), i.e. medical group computer means configured for receiving and storing said medical group prescription information to facilitate an evaluation of the prescription activity, means for transferring the medical group prescription information from all of said health plan computer means to the medical group computer means; and

c) storing the transaction records in a data warehouse of the data repository, (claim 1), i.e. means for receiving at the medical group computer means medical group prescription information for the plurality of health plans, means for storing capitation benefits received from the plurality of health plans in said medical group computer means, report means for processing said stored medical group prescription information to generate utilization information indicative of the prescription activity for enabling the medical group to monitor the prescription activity to determine if the prescription activity should be modified.

12. (currently amended) Regarding claim 11, Pack-Harris teaches the method of claims 9-10 as described above. Pack-Harris further teaches the following:

a) receiving a query for actual consumption data from a requestor, (column 5, lines 29-34), i.e. a main menu 110 is presented wherein the available selections are physician reports 112, medical group reports 114, miscellaneous reports 116, prescription form information 118, physician information 120, patient information 122 and therapeutic class information 124;

[[a]]b) generating a report responsive to the query, (column 5, lines 34-36), i.e. the selection of physician reports 112 (FIG. 2) enables the utilization information to be presented in a variety of report formats; and

c) communicating the report to the requestor, (column 5, lines 65-67), i.e. a preview of the printed report is displayed at box 171, and the report is printed at box 173 if the report is satisfactory.

13. (currently amended) Regarding claim 12, Pack-Harris teaches the method of claims 9-10 as described above. Pack-Harris further teaches wherein the transaction records are communicated via an electronic communications network, (column 3, lines 39-44), i.e. The medical group prescription information 52 and 62 can be supplied directly to the medical group computer 21 by hard wire connections, by a telephone communication network, by portable storage media, or by any other suitable arrangement for communicating information between computers.

14. (currently amended) Regarding claim 13, Pack-Harris teaches the method of claims 9-10 and 12 as described above. Pack-Harris further teaches wherein the electronic communications network is an intranet, (column 3, lines 43-44), i.e. by any other suitable arrangement for communicating information between computers.

15. (currently amended) Regarding claim 14, Pack-Harris teaches the method of claims 9 -10 and 11 as described above. Pack-Harris further teaches wherein the query and the report are communicated via an electronic communications network, (column 3, lines 39-44), i.e. The medical group prescription information 52 and 62 can be supplied directly to the medical group computer 21 by hard wire connections, by a telephone communication network, by portable storage media, or by any other suitable arrangement for communicating information between computers.

16. (currently amended) Regarding claim 16, Pack-Harris teaches the method of claim 9 as described above. Pack-Harris further teaches the following:

a) identifying at least one market for at least one selected medication, for at least one selected source of the plurality of sources, (column 7, lines 46-57), i.e. as seen in FIG. 12, the brand vs. generic report format 139 (FIG. 3) and 159 (FIG. 4) are determined according to the brand/generic flow chart 370. Initially, it is determined at box 371 that a brand vs. generic report is desired. The physician brand vs. generic format is initiated at box 373. Search criteria, including the physician's name and date information are entered at box 375. A title for the report is entered at box 377, and the information is searched and sorted according to therapeutic class and drug at box 379. The resulting information is displayed at box 381 for print preview purposes, and the report is accepted at box 383 to cause the report to be printed;

b) periodically calculating actual consumption data for the selected medication, (column 7, lines 58-65), i.e. the medical group brand vs. generic report format is initiated at box 385. Search criteria including medical group name and date information is entered at box 387, and a title for the report is entered at box 389. The information is searched and sorted according to therapeutic class and drug at box 391, and the resulting information is displayed at box 393. If the displayed information is acceptable, the report is printed at box 395;

c) periodically communicating actual consumption data to the selected source, (column 7, lines 66-67, column8, lines 1-10), i.e. as seen in FIG. 13, the physician PMPM report format 141 (FIG. 3) and the medical group PMPM report format 161 (FIG. 4) are prepared according to the PMPM flow chart 400. The desire to prepare a PMPM report is detected at box 401. The selection of a physician PMPM report format is accomplished at box 403. Search criteria, including physician name and date information is named at box 405. The title to the report is entered at box 407, and the applicable months to show are selected at box 409. The information is searched and sorted according to the physician at box 411. The resulting information is displayed at Box 413, and if acceptable, the report is printed out at box 415; and

d) computing an incentive to be received from the selected source, the value of which correlates to a change in market share for the selected medication in favor of the selected source, as shown by the calculated actual consumption data, (claim 1), i.e. means for determining the actual cost to the medical group for prescription drugs prescribed by doctors in the medical group, the means for determining being responsive to the prescription information for the plurality of health plans, means for storing capitation benefits received from the plurality of health plans in said medical group computer means, means for comparing the determined actual cost and said stored capitation benefits as received from the plurality of health plans, and report means for processing said stored medical group prescription information to generate utilization information indicative of the prescription activity for enabling the medical group to monitor the prescription activity to determine if the prescription activity should be modified.

17. (currently amended) Regarding claim 17, Pack-Harris teaches the method of claim 9 as described above. Pack-Harris further teaches wherein the step of identifying at least one pattern in the dispensing data and usage data further includes identifying exceptions to the pattern, (column 5, lines 1-12), i.e. referring now to FIGS. 2-14, there are shown flow charts illustrating the operation of the pharmacy benefit management software. The software enables the medical group prescription information 52 and 62 (FIG. 1) to be processed for identifying patterns of utilization for the medical group 20 (FIG. 1); identifying problem areas for the medical group 20; and for creating treatment guidelines based on disease states to improve the management of the disease state and to set standards for pharmaceutical utilization. The progress of the medical group 20 is also monitored over time, and report cards identifying patterns of utilization for individual physicians are created.

18. (currently amended) Regarding claim 18, Pack-Harris teaches the method of claims 9 and 16 as described above. Pack-Harris further teaches wherein the actual consumption data is communicated to the source via an electronic communications network, (column 3, lines 39-44), i.e. The medical group prescription information 52 and 62 can be supplied directly to the medical group computer 21 by hard wire connections,

by a telephone communication network, by portable storage media, or by any other suitable arrangement for communicating information between computers.

Claim Rejections - 35 USC § 103

19. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

20. Claims 5-6, 15, and 19-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Pack-Harris (U.S. Patent Number US 6,195,612 (Reference A on the attached PTO-892)) in view of Lilly (U.S. Patent Application Publication Number US 2003/0093295, Hereinafter Lilly (Reference B on the attached PTO-892)).

21. (currently amended) Regarding claim 5, Pack-Harris teaches the method of claims 1, 3 and 4 as described above. Pack-Harris does not teach the step of incorporating security measures to prevent unauthorized access to the transaction record, dispensing data, usage data and actual consumption data. However, Lilly teaches the step of incorporating security measures to prevent unauthorized access to the transaction record, dispensing data, usage data and actual consumption data, (paragraph 68), i.e. the so-determined pharmaceutical information is available in the appropriate context via the secure applet, API, and/or browser as discussed hereinbefore in connection with the login as indicated at 126, 128, and 130. It would have been prima facie obvious to one of ordinary skill in the art at the time of the invention to incorporate the step of incorporating security measures to prevent unauthorized access to the transaction record, dispensing data, usage data and actual consumption data into the method taught by Pack-

Harris. One of ordinary skill in the art would have been motivated to incorporate this method into Pack-Harris and have the step of incorporating security measures to prevent unauthorized access to the transaction record, dispensing data, usage data and actual consumption data for the purposes of the Healthcare Information Portability and Accountability Act (HIPAA) which mandates making the exchange of information more ubiquitous, secure, and efficient. (paragraph 9).

22. (currently amended) Regarding claim 6, Pack-Harris teaches the method of claims 1, 3 and 4 as described above. Pack-Harris does not teach wherein the transaction record is encrypted by the pharmacy prior to communicating it to the data repository, and wherein the data repository decrypts the transaction record after receiving it. However, Lilly teaches wherein the transaction record is encrypted by the pharmacy prior to communicating it to the data repository, and wherein the data repository decrypts the transaction record after receiving it, (paragraph 70), i.e. other transactions may include adding a new record, update/change a record, add log entry, update log entry, display log entries, approve prescriptive medication, decline prescriptive medication, aberrant use flag true or false, accept results, decline results, logon, logoff, time out for inactivity, time out for disconnection, encryption, and creating reports. It would have been prima facie obvious to one of ordinary skill in the art at the time of the invention to incorporate wherein the transaction record is encrypted by the pharmacy prior to communicating it to the data repository, and wherein the data repository decrypts the transaction record after receiving it into the method taught by Pack-Harris. One of ordinary skill in the art would have been motivated to incorporate this method into Pack-Harris and have wherein the transaction record is encrypted by the pharmacy prior to communicating it to the data

repository, and wherein the data repository decrypts the transaction record after receiving it for the purposes of the Healthcare Information Portability and Accountability Act (HIPAA) which mandates making the exchange of information more ubiquitous, secure, and efficient. (paragraph 9).

23. (currently amended) Regarding claim 15, Pack-Harris teaches the method of claims 9-10, 11, and 14 as described above. Pack-Harris does not teach wherein the report is encrypted by the data repository before communicating it to the requestor, and wherein the requestor decrypts the report after receiving it. However, Lilly teaches wherein the report is encrypted by the data repository before communicating it to the requestor, and wherein the requestor decrypts the report after receiving it, (paragraph 70), i.e. other transactions may include adding a new record, update/change a record, add log entry, update log entry, display log entries, approve prescriptive medication, decline prescriptive medication, aberrant use flag true or false, accept results, decline results, logon, logoff, time out for inactivity, time out for disconnection, encryption, and creating reports. It would have been prima facie obvious to one of ordinary skill in the art at the time of the invention to incorporate wherein the report is encrypted by the data repository before communicating it to the requestor, and wherein the requestor decrypts the report after receiving it into the method taught by Pack-Harris. One of ordinary skill in the art would have been motivated to incorporate this method into Pack-Harris and have wherein the report is encrypted by the data repository before communicating it to the requestor, and wherein the requestor decrypts the report after receiving it for the purposes of the Healthcare Information Portability and Accountability Act (HIPAA) which mandates

making the exchange of information more ubiquitous, secure, and efficient. (paragraph 9).

24. (original) Regarding claim 19, Pack-Harris teaches the method of claims 9-10 and 12 as described above. Pack-Harris does not teach adding security measures to prevent unauthorized access to the transaction records. However, Lilly teaches adding security measures to prevent unauthorized access to the transaction records, (paragraph 61), i.e. healthcare informatics and applications (such as physician practice management systems or Pharmacy systems) will be provided vehicles to securely access and interact with pharmaceutical information control organization 12 using industry standards such as XML and security tools. It would have been prima facie obvious to one of ordinary skill in the art at the time of the invention to incorporate adding security measures to prevent unauthorized access to the transaction records into the method taught by Pack-Harris. One of ordinary skill in the art would have been motivated to incorporate this method into Pack-Harris and add security measures to prevent unauthorized access to the transaction records for the purposes of the Healthcare Information Portability and Accountability Act (HIPAA) which mandates making the exchange of information more ubiquitous, secure, and efficient. (paragraph 9).

25. (Original) Regarding claim 20, Pack-Harris teaches the method of claims 9-10, 11 and 14 as described above. Pack-Harris does not teach adding security measures to prevent unauthorized access to the query and report. However, Lilly teaches adding security measures to prevent unauthorized access to the query and report, (paragraph 61), i.e. healthcare informatics and applications (such as physician practice management systems or Pharmacy systems) will be provided vehicles to securely access and interact

with pharmaceutical information control organization 12 using industry standards such as XML and security tools. It would have been prima facie obvious to one of ordinary skill in the art at the time of the invention to incorporate adding security measures to prevent unauthorized access to the query and report into the method taught by Pack-Harris. One of ordinary skill in the art would have been motivated to incorporate this method into Pack-Harris and add security measures to prevent unauthorized access to the query and report for the purposes of the Healthcare Information Portability and Accountability Act (HIPAA) which mandates making the exchange of information more ubiquitous, secure, and efficient. (paragraph 9).

Response to Arguments

26. Applicant's arguments filed April 30, 2007 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed April 30, 2007.

(A) At pages 7-8 of the April 30, 2007 response, Applicant argues that Pack-Harris does not teach "obtaining a plurality transaction records from at least one pharmacy", "correlating the transaction records to [a related] prescription", "computing actual consumption data from the dispensing data and usage data," wherein the "actual consumption data" comprises "a plurality of sources for the medications" and "portions of the actual consumption of the medication that are respectively attributable to the plurality of sources."

In response, the Examiner respectfully disagrees. It is readily apparent that Pack-Harris discloses "obtaining a plurality transaction records from at least one pharmacy", "correlating the transaction records to [a related] prescription", "computing actual consumption data from the dispensing data and usage data," wherein the "actual consumption data" comprises "a plurality of sources for the medications" and "portions of the actual consumption of the medication that are respectively attributable to the plurality of sources", (See Figures 1-2, 5-6, 9-15, and 17-40). Thus, the Examiner respectfully contends that Pack-Harris' Data Collection and Reporting System is an art recognized equivalent to Applicant's "obtaining a plurality transaction records from at least one pharmacy", "correlating the transaction records to [a related] prescription", "computing actual consumption data from the dispensing data and usage data," wherein the "actual consumption data" comprises "a plurality of sources for the medications" and "portions of the actual consumption of the medication that are respectively attributable to the plurality of sources."

(B) At pages 8-9 of the April 30, 2007 response, Applicant argues that Neither Pack-Harris or Lilly teaches "obtaining a plurality transaction records from at least one pharmacy" and "correlating the transaction records to [a related] prescription."

In response, the Examiner respectfully disagrees. It is readily apparent that Pack-Harris discloses "obtaining a plurality transaction records from at least one pharmacy" and "correlating the transaction records to [a related] prescription.", (See Figures 1-2, 5-6, 9-15, and 17-40). Thus, the Examiner respectfully contends that Pack-Harris' Data Collection and Reporting System is an art recognized equivalent to Applicant's "obtaining a plurality transaction records from at least one pharmacy" and "correlating the transaction records to [a related] prescription."

(C) Applicant asserts that claims 2-8 and 10-20 set forth different aspects related to the same general concept as claims 1 and 9. Claims 2-8 and 10-20 are dependent from

Applicant's independent claims 1 and 9. As such, Applicant's remarks with regard to the application of Pack-Harris and Lilly to these claims is moot in the above Office Action.

27. Applicant's arguments with respect to claims 1-20 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

28. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not applied art teaches Method and apparatus for objectively monitoring and assessing the performance of health-care providers (US 5706441 A), System and method for assessing physician performance using robust multivariate techniques of statistical analysis (US 5924073 A), System and method for notification and access of patient care information being simultaneously entered (US 5946659 A), Systems, methods and computer program products for using event specificity to identify patients having a specified disease (US 5956689 A), Computer implemented patient medication review system and process for the managed care, health care and/or pharmacy industry (US 6014631 A), Techniques for estimating charges of delivering healthcare services that take complicating factors into account (US 6061657 A), Systems, methods and computer program products for identifying unique and common legal requirements for a regulated activity among multiple legal jurisdictions (US 6064968 A).

29. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Contact

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Amber L. Altschul whose telephone number is 571-270-1362. The examiner can normally be reached on M-F 8:30-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

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